

an elevated CPK. His CT scan from Hamot was reviewed and found to have no ventricular size abnormality and no evidence of bleeding or skull fracture. At CHP he underwent plain films of his cervical spine, chest, and pelvis which were negative. He also had a CT scan of his chest/abdomen/pelvis which identified no injuries.

C. Diagnosis: probable ischemic brain injury

D. Causation, within a reasonable degree of medical certainty, to the exercise bike incident: I have no reason to doubt the reported mechanism of injury.

E. Treatment: Ryan was admitted to the Pediatric Intensive Care Unit at CHP for further evaluation and monitoring. He was successfully extubated on post-trauma day # 1. Radiographs of his thoracolumbar spine were normal. He was transferred to the regular nursing floor where he started on an oral diet.

I saw Ryan twice in follow-up in the Trauma Clinic. On February 7, 2003 his mother reported that he was experiencing some nightmares, fatigue, and exercise intolerance. I recommended a gradual return to school and re-evaluation in two months. I saw Ryan again on May 17, 2003. At this point he was still experiencing nightmares and fatigue, and his mother had noted some balance problems. His mother reported that he was receiving speech therapy and that he was scheduled to be evaluated by a psychologist at the Shriner's Hospital in Erie for his nightmares. I recommended evaluation by the Center for Post-traumatic Stress at Allegheny General Hospital as well as full neuropsychological evaluation. I have not seen Ryan again since that visit.

F. Describe the degree of pain and discomfort associated with diagnosed medical condition(s) including intensity of pain, frequency of pain, and degree of severity. In the hospital, the nurses documented mild pain in the Emergency Department, no pain to moderate pain in the PICU, and no pain on the regular nursing floor. I did not note that Ryan was experiencing any pain when I evaluated him as an outpatient in the Trauma Clinic.

G. Prognosis: As I have not evaluated Ryan since May 17, 2003 I am unable to provide a prognosis.

H. Approximate cost of projected future medical treatment in today's dollars: As I have not evaluated Ryan since May 17, 2003 and am unaware of his current condition and/or deficits, I am unable to project the approximate cost of future medical treatment.

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an elevated CPK. His CT scan from Hamot was reviewed and found to have no evidence of skull fracture, intracranial hemorrhage, or mass effect. A CT scan of the cervical spine, chest, and pelvis which were negative. He underwent plain films of his cervical spine, chest, and pelvis which were negative. He also had a CT scan of his chest/abdomen/pelvis which identified no injuries.

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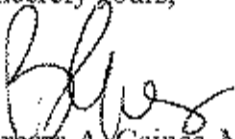
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Should you require additional information or clarification, please
contact me directly at 412-662-8285. Case 1:05-cv-00054-SJM Document 21

Sincerely yours,



Barbara A. Gaines, MD